

REQUEST FOR CASH ADVANCE

Date of Request

Amount of Advance

Personnel Number

Employee Name

Payroll:

Biweekly

Monthly

Department Name

Responsible Account #

Cost Center/WBS#

Date of Event

Name of Event:

Reason for Request:

If this advance is not cleared within 3 days of the event end date, this office is authorized to deduct the total amount of this advance from the requestor's payroll check. Any person from whom (2) payroll deductions are made will forfeit future cash advance privileges.

Signature of Requestor

County Director

Cash Advances are issued in accordance with the County Financial Manual and limited to special consideration as described in the manual.

Cash Advance

Check #

Check Amount

Check Date:

NETID:

Redeposit

Check #

Check Amount

Check Date:

Receipt #

NETID:

E-mail